

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dlp.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

June 10, 2014

Ms. Devida Deluca, Administrator
Living Well Residence
71 Maple Street
Bristol, VT 05443-1004

Dear Ms. Deluca:

The Division of Licensing and Protection completed the unannounced onsite re-licensing survey and a complaint investigation at your facility on **May 27, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **June 23, 2014**.

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **June 23, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call 802-871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **June 23, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

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July 2, 2014

Ms. Devida Deluca, Administrator
Living Well Residence
71 Maple Street
Bristol, VT 05443-1004

Dear Ms. Deluca:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 27, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/27/2014
NAME OF PROVIDER OR SUPPLIER LIVING WELL RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 71 MAPLE STREET BRISTOL, VT 05443			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced onsite re-licensing survey and a complaint investigation were conducted on 5/27/14. Regulatory violations were cited as a result.	R100			
R247 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure all perishable food and drink was held at proper temperatures. Findings include: Per observation and record review on 5/27/14 at 9:30 AM, there were 10 days between 3/6/14 - 5/27/14 that the upstairs refrigerator temperatures were recorded as greater than 40 degrees Fahrenheit (F). Additionally, there is a 20 day span between 3/6/14 - 3/26/14; 7 day span between 4/2/14 - 4/9/14 and 4/10/14 - 4/17/14; 5 days between 4/17/14 - 4/22/14 and 4 days between 4/25/14 - 4/30/14 where there is no evidence that temperatures were monitored. The House Manager confirmed the above at the time of the observations.	R247	<u>ACTION</u> This Survey and Regulations were reviewed at monthly staff meeting on 6/19/14. Staff given copy of RCH Regulations <u>MEASURES</u> Staff are reviewing this and regulations. Daily record of temperatures is now part of the 3rd Shift duties. <u>MONITOR</u> House Manager and Floor Manager are monitoring temperature records.	6/19/14 July - August 2014 ongoing	
R249 SS=F	VII. NUTRITION AND FOOD SERVICES	R249			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David De Luca, Administrator

6/33/14

STATE FORM

6899

Y7JH11

If continuation sheet 1 of 2

R247 + R249 RC's accepted 7/12/14 RTrembly RN/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	licensing and Protection	(X3) DATE SURVEY COMPLETED 05/27/2014
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R249	Continued From page 1 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to assure that food handling and storage techniques are consistent with safe food handling practices. Findings include: 1. Per observation and record review on 5/27/14 at 9:30 AM, freezer # 2 in the basement had recorded temperatures greater than 0 degrees F (Fahrenheit) on 52 days between 3/6/14 - 5/27/14. The House Manager confirmed the above at the time of the observation. 2. Per observation on 5/27/14 at 11:45 AM, a refrigerator in the basement held home-canned pickles dated 8/12 and a 1 gallon jar of mustard labeled as opened on 5/2/13 with a use by date of 7/13. Additionally, freezer # 1 in the basement contained cooked turkey dated 6/10, a container of hummus dated 9/13, pork juice dated 7/13. The House Manager confirmed the above at the time of the observation.	R249	<u>ACTION</u> Their survey and regulations was reviewed at monthly staff meeting on 6/19/14. <u>MEASURES</u> All staff understand they must discard food after 3 DAYS. Daily records of temperatures now a 3 rd shift duty ongoing <u>MONITOR</u> House Manager and Floor Manager are monitoring both temperature records and the timely discard of food. ongoing		